

# MOBILIZATION FORM INSTRUCTIONS

## MOBILIZATION MANIFEST FORM 5-2

### Form Use:

This form is to be used to record personnel and equipment being sent to an incident either as a single resource or as a strike team/task force.

### Completing Form:

Use one form per resource number assigned per event. Complete the form and fax to the State Emergency Operations Center prior to leaving for the event. The State Emergency Operations Center will forward the information to the event. This will allow the incident to start putting resources into an operational plan.

When checking into the event, provide the Time Keeping Unit the original copy. One copy will go the Strike Team/Task Force Leader and one copy to the home jurisdiction.

Crew Change-Out: The replacement crew will need to complete only the Resource # and Event Name and the bottom half of the manifest. Only complete the top half of the manifest if there is a change. Fax a copy to the State Emergency Operations Center prior to leaving for the crew change out. It is the home jurisdiction's responsibility to obtain the Incident Commander's approval for a crew change prior to the change-out.

- Fill in the boxes with the information requested.
- Use N/A for those not applicable.
- The hourly rate for a volunteer is from the Washington – Oregon Interagency Rate Schedule.
- The hourly rate for a career employee is the employee's regular hourly rate. This rate is needed for the Incident Cost Accounting Reports (ICARS).
- Inform the time unit of duty status (overtime / regular).
- Inform the time unit as to whether the local labor agreement pays for all hours away from duty-station or pays for hours worked only.

Fire Jurisdiction: <b>Pierce County Fire District # 22</b>				FDID # <b>27D22</b>	Federal Tax ID # <b>91-1234567</b>	Phone ( <b>253</b> ) <b>863-1800</b>	Cell ( <b>253</b> ) <b>783-9002</b>		
Vehicle License # <b>E13443</b>	Type 1 Engine Type 2 Engine <input checked="" type="checkbox"/> Type 3 Engine Type 4 Engine	Type 5 Engine Type 6 Engine Type 7 Engine Interface Eng.	Type 1 Tender Type 2 Tender Type 3 Tender Ladder Truck	ALS Unit BLS Unit Command Post Personal Vehicle	Command Vehicle Heavy Machinery Other _____	AWD: <u>Yes</u> / No Foam: <u>Yes</u> / No	Pump Rate in GPM: <b>125</b> Tank Size in Gallons: <b>600</b>		
Name <b>Jim White</b>		Social Security Number <b>322-21-2212</b>		Home Address <b>1212 Bird Road, Bonney Lake 98343</b>		<input checked="" type="checkbox"/> Career Volunteer	Hrly Rate <b>\$ 18.50</b>	Position <b>DRVR</b>	Message Phone <b>253-821-8822</b>
Name <b>Bob Brown</b>		Social Security Number <b>322-21-1112</b>		Home Address <b>1634 Water Street, Puyallup 98444</b>		Career <input checked="" type="checkbox"/> Volunteer	Hrly Rate <b>\$ 11.50</b>	Position <b>FF</b>	Message Phone <b>253-821-8822</b>

**FAX to the State Emergency Operations Center**  
**Prior to Leaving for Event.**  
**253-512-7234**